Fiscal Estimate - 2009 Session

Original Updated	Corrected Supplemental					
LRB Number 09-2030/2	Introduction Number AB-0296					
Description Children and their families who are involved in t	wo or more systems of care and making an appropriation					
Fiscal Effect						
Appropriations Reve	ease Existing enues location in the content of the					
Local: No Local Government Costs Indeterminate 1. Increase Costs Permissive Mandatory 2. Decrease Costs Permissive Mandatory Permissive Mandatory Permissive Mandatory Permissive Mandatory Permissive Mandatory Districts 5. Types of Local Government Units Affected Towns Village Counties Others School WTCS Districts						
Fund Sources Affected Affected Ch. 20 Appropriations GPR FED PRO PRS SEG SEGS						
Agency/Prepared By	Authorized Signature Date					
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Fiscal Estimate Narratives DCF 8/3/2009

LRB Number	09-2030/2	Introduction Number	AB-0296	Estimate Type	Original	
Description						
Children and their families who are involved in two or more systems of care and making an appropriation						

Assumptions Used in Arriving at Fiscal Estimate

This bill makes a number of changes to the Integrated Services Projects (ISP) and the Coordinated Services Teams (CST), which provide services to juveniles under the age of 18 with multiple and serious needs involving multiple systems of care, including the child welfare system.

The Department provides \$100,000 in child welfare funds annually to the Department of Health Services (DHS)for CST as part of multiple funding sources totaling nearly \$2.8 million, provided as grants to counties for these programs. Any increase in funding for county programs could potentially increase the number of child welfare cases served in the programs. This would not, however, impact the Department's funding for the program and thus would have no state fiscal effect for the Department.

It is unknown how many counties would apply for these grants and the number of child welfare cases that would be served in those counties. Therefore it is not possible to estimate the local fiscal impact on the child welfare system.

Long-Range Fiscal Implications

Fiscal Estimate - 2009 Session

Original Dpdated	Corrected	Supplemental			
LRB Number 09-2030/2	Introduction Number	AB-0296			
Description Children and their families who are involved in t	wo or more systems of care and makir	ng an appropriation			
Fiscal Effect					
Appropriations Reve		ets - May be possible hin agency's budget ☑ No ests			
☑ Permissive ☐ Mandatory ☐ Perm 2. ☐ Decrease Costs 4. ☐ Decr	5.Types of Loca Government U Towns Mandatory rease Revenue hissive Mandatory Mandatory				
Fund Sources Affected Affected Ch. 20 Appropriations GPR FED PRO PRS SEG SEGS s. 20.435 (7) (co)					
Agency/Prepared By	Authorized Signature	Date			
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Fiscal Estimate Narratives DHS 6/22/2009

LRB Number	09-2030/2	Introduction Number	AB-0296	Estimate Type	Original
Description					
Children and their families who are involved in two or more systems of care and making an appropriation					

Assumptions Used in Arriving at Fiscal Estimate

Under current law, Integrated Services Projects (ISP) and Coordinated Services Teams (CST) provide wraparound services to children with multiple and serious needs as well as their families. Children receiving wraparound services are involved in multiple systems of care, such as mental health, child welfare, substance abuse, juvenile or adult justice, special education, W-2, domestic violence, and developmental disabilities. Under current law, a child must have severe disabilities and receive services through multiple systems of care to be eligible for ISP participation. However, to be eligible to participate in a CST, a child must only be receiving services through multiple systems of care.

Under this bill, ISPs would be renamed as initiatives to provide coordinated services. The appropriation under s. 20.435 (7) (co) Integrated service programs for children with severe disabilities, would be amended and renamed Initiatives for coordinated services. Initiatives to provide coordinated services, similar to current CSTs, would be able to serve individuals who do not necessarily have a severe disability but who are involved in multiple systems of care.

Currently, the Department of Health Services (DHS) provides funding for 42 CST and ISP grants that are funded from multiple revenue sources, including: \$1,826,500 FED from Community Mental Health Block Grant (CMHBG), \$35,000 FED from the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), \$673,600 GPR from hospital diversion funds, \$100,000 from Department of Children and Families (DCF) child welfare funding, and \$133,300 GPR under s. 20.435 (7) (co).

Under this bill, funding under s. 20.435 (7) (co) would decrease by \$1,466,000 GPR in SFY 10 and SFY 11. As funding under s. 20.435 (7) (co) is currently only \$133,300, it is assumed this is a draft error and the intent is to increase the appropriation to provide additional grants to counties and tribes for initiatives to provide coordinated services.

Some children participating in an ISP or CST are eligible for Medical Assistance (MA) and receive services for which the federal government will cover approximately 60% of costs. The non-federal share, or the remaining 40% of costs, is paid either by the Department or by county governments, depending on the service. As CSTs are implemented across the state, it is likely that the number of children receiving Medicaid (MA) services will also increase. However, the precise increase cannot be estimated because some children may currently receive these services outside of a CST. If these children utilize MA services for which the Department must fund the non-federal share, GPR costs in the MA program could increase significantly. The actual number of new children served would depend on several variables, including the number of counties which will respond to the CST request for proposals, the time required to implement a new CST, and the proportion of new children eligible for MA. Therefore, it is difficult to estimate the precise increase in GPR costs and amount of additional federal funding that could be claimed by either the county or the state.

The local impact of this bill is also difficult to measure. As noted above, it is not possible to estimate the number of new children served through a CST. Furthermore, the ability of county health and human service agencies to provide these services may be limited by the availability of local funds, such as county tax levy, because many mental health and substance abuse services are matched with county funds, not GPR.

Long-Range Fiscal Implications